



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

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**STATE OFFICE OF RURAL HEALTH
Advisory Board Meeting Minutes
Wednesday, June 6, 2007
SORH Office – Cordele, Georgia**

Presiding: Kevin Taylor, Chairman

Present: Charles Owens, Ex-Officio
Cindy Turner
Stuart Tedders
Steve Barber
Jennie Wren Denmark
Cheryl Shedd
Mary Ann Shepherd

Absent: William Kissell
Carlos Stapleton
Greg Dent
William Bina, MD

SORH Staff: Tony Brown
Sheryl McCoy

Visitors: Rhett Partin, GHA, Center for Rural Health Education
Pam Reynolds, Statewide AHEC
Denise Kornegay, Southwest Georgia AHEC

Opening Remarks

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board meeting was held on Wednesday, June 6, 2007, at the State Office of Rural Health, Cordele, Georgia. Chairman Kevin Taylor called the meeting to order at 10:40 a.m. Mr. Taylor welcomed all attendees and invited Cheryl Shedd, new member attending for the first time, to share about herself and her program.

Cheryl Shedd shared she is very pleased to be a part of the Advisory Board. She stated she is a member of the nursing faculty at North Georgia College and State University, Dahlonega, Georgia. The nursing program has a two-year Associates of Science (A.S.N.), a four-year Bachelor of Science majoring in Nursing (B.S.N.) and two Master degree programs for Family Nurse Practitioners. A Masters in Science Education Program was recently added to the nursing program. They were awarded a \$1.3M Health Resources Services Administration (HRSA) grant last summer to open a primary care

clinic to serve a seven county area surrounding Dahlonge. The clinic opened in January, 2007. At present, they are only seeing uninsured patients who primarily have chronic diseases. They assist patients by obtaining their medications at a discounted price or at no cost. The clinic utilizes the college's nursing students as nurse's aids which provides the clinic with a more qualified staff, as well as, gives hands-on experience to the students. A thirty-six foot custom RV was donated and is being used as a mobile unit. The Public Health Department utilizes the van for health screenings. They partnered with Chestatee Regional Medical Center, the Dahlonge hospital, to serve their non-emergency patients. Ms. Shedd expressed that being a part of the SORH Board will benefit her by providing education on the global perspective of rural healthcare.

Introductions were given by each Advisory Board member, SORH staff and visitors.

Mary Ann Shepherd gave a brief description of the damages from the tornado in Americus and the progress being made to rebuild. She shared how organized the staff and emergency team operated the night of the disaster which resulted in miraculous success stories.

Charles Owens announced the next SORH Advisory Board meeting will be changed to September 26, 2007, to accommodate the Technical Assistance Service Center (TASC) group who will be visiting our area. The TASC group is a contractor for the Office of Rural Health Policy (ORHP) who manages the majority of the SORH grant monies. They will be facilitating strategic planning for the Board and staff that will contribute to the future direction of the SORH and our grants. Mr. Owens stated that TASC will facilitate synergy among our programs so the Advisory Board members may better understand the present and future direction of the Office of Rural Health.

Kevin Taylor discussed current issues that are common topics of interest among the Board members:

- Indigent Care Trust Fund (ICTF) – Funding for the remainder of '07 will be end of June Intergovernmental transfer due June 15th
- Grady Hospital – Request for more ICTF funds was denied. The method for dividing the \$408 million among the hospitals remains the same. No change in the methodology for FY'07.
- Federal moratorium was made early this year to allow the ICTF to be funded one year, FY '07. The ICTF Program could end in May '08 if a resolution is not crafted.
- If funds are removed in '08, each hospital could lose up to a half million dollars or more in ICTF support
- Loss of ICTF funds could force small rural hospitals to close

Stuart Tedders asked, "What is the argument for the other side about removing the funds. Who is going to take care of this population?"

Kevin Taylor remarked that under the present administration, this is not their choice of methodology for funding hospitals and caring for the indigent population.

Cindy Turner stated Senator Saxby Chambliss explained that the way the states are participating in the program is not the way it was originally created. Some of the states have previously abused the program by using the funds for other purposes.

Kevin Taylor said the Upper Payment Limit (UPL) is another method of payment that compensates for the lower reimbursement for Medicaid and Medicare patients. For instance, if a hospital received \$100 for a Medicare patient and \$80 for a Medicaid patient, the UPL funds will pay the remaining amount. Mr. Taylor explained that the UPL program is also going away, in-part, because of the method of payment in the Care Management Organization (CMO) contracts. Two large amounts of money will evaporate in the next 12 to 24 months creating a large loss of funding for hospitals. The loss of UPL will definitely have a negative impact on rural hospitals.

Cheryl Shedd asked if anyone is familiar with the Georgia Free Clinic Network. Ms. Shedd remarked she has heard that several are springing up in Georgia and it appears to be filling the gap of medical care for the uninsured.

Charles Owens stated that the Volunteer Clinic bill was passed in FY'05. In FY'06, DCH was charged with developing a department. Ms. Pauline Lindstrom serves as the director. Ms. Lindstrom is responsible for encouraging the development of volunteer clinics over the state. Clinics that sign on and follow the regulations of the state will be provided sovereign immunity. There are some volunteer clinics that have not signed up with the state program and are providing their own liability. DCH has field representatives in each region to identify groups in communities that may be interested in developing the clinics. SORH also gives grants to develop volunteer clinics. Georgia has about eight clinics and SORH has provided about \$400,000 to the program.

Kevin Taylor asked if anyone knows if there is any movement in the legislative oversight for the CMO.

Rhett Partin shared the new DCH Hospital Advisory Committee assigned a sub-committee to look into the CMO related issues. They are to gather input and feedback from hospitals and other providers and evaluate the information. Mr. Partin stated it is more of a consorted effort, not legislative.

Kevin Taylor remarked that it would be valuable to compare the volume of last year's payments versus this year's payments.

Steve Barber shared he is a member of that committee and will be glad to take any issues to the committee.

Kevin Taylor asked if anyone is having an issue with the method in which DCH is reimbursing for traditional Medicaid reimbursements. DCH is now paying the greater of the cost or charges. Prior payments had been cost based, but it has changed. For example, if the charge is \$80 and your cost is \$120, they would pay the \$80. Mr. Taylor asked if that is an issue for anyone else.

Steve Barber stated he does not have Rural Health Clinics (RHCs), but believes that is the methodology DCH is following.

Kevin Taylor asked if anyone is familiar with the SOURCE program. He is gathering information to possibly implement the program for his group. He shared SOURCE gives \$175 per patient per month to manage the Medicaid population. He asked if any of the Board members are participating in that program.

Jennie Wren Denmark stated that SOURCE began in Savannah at Memorial Hospital and the contact person is Hunter Hurst.

Rhett Partin shared that SOURCE is an acronym for Service Options Using Resources in the Community Environment and the seed money comes from the state. The program has a personal care concept that some of the in-house nursing home residents can receive managed care outside the nursing home if there were funds available. Funds from SOURCE can be used for care outside the nursing home for long term care patients. Community resources are utilized for their care; i.e., adult day care, meals on wheels and other services required by that population. The program provides a continuity of services for long term care patients.

Kevin Taylor asked if we could schedule someone to come to the SORH Advisory Board meeting to share more about the program. He then asked for clarification on the new Hospital Advisory Committee and the old Health Strategies Council. He asked if anyone could summarize the differences in the two charters.

Rhett Partin explained that legislation was passed and signed by the Governor that changed the charter of the Health Strategies Council to make it more of an advisory council. The committee will be more accountable to the DCH Commissioner. The charter has been weakened by the changes. The DCH Hospital Advisory

Committee is, for all practical purposes, a discretionary committee. The changes came from the discussions of the Certificate of Need (CON) in the legislative sessions.

Kevin Taylor remarked that he has heard there is good representation on the committee.

Charles Owens stated that he has a clarification on the selection of the members of the Hospital Advisory Committee and will provide that information to the Board.

Mr. Owens pointed the Board's attention to the material in the packet titled, *HHS Awards \$125 Million to Expand Health Center Services and Strengthen America's Health Care Safety Net*. Among the list of recipients for the Health Center Program, Expanded Medical Capacity FY 2007 is East Georgia Healthcare Center, Inc, St. Joseph's Mercy Care Services, Medlink Georgia, Inc. and the Georgia Department of Community Health, SORH. He stated that Georgia is very fortunate this year.

For the past two years there has been \$250,000 in the state budget, thanks to the Primary Care Association (PCA). They have worked diligently to provide education to communities regarding Federally Qualified Health Centers (FQHCs) and to provide technical assistance, as well as, provide grant writers.

Kevin Taylor remarked that the Federal government published a list of 200 poorest counties without a health care clinic and Georgia had 19 counties listed. These 19 counties are eligible to apply for the Federally Qualified Health Center grant.

Charles Owens asked Mr. Taylor to give his report on the new physician recruitment model established at Archbold.

Kevin Taylor reported their struggle to compensate physicians to a rural area caused them to create a model that is based on the work related value units. In summary, the model applies a base salary and allows the physician to earn an incentive based on the work relative value units performed. He explained the compensation model is based on Relative Value Unit (RVU). The RVU is a non-monetary, standard unit of measure that indicates the value of services provided by physicians, non-physician providers, and other health care professionals. The total RVUs for a given procedure consists of three components: Practice Expense RVUs, Malpractice RVUs and Physician Work RVUs (Work Related Value Units). Mr. Taylor provided copies of specific examples of the model. The model allows a provider to earn compensation based on the volume of services provided. The model will give them the ability to differentiate the providers who are productive from those who are not. Physicians who reviewed the model were enlightened to the importance of appropriate procedure coding and the importance of continuity of care from one facility to another.

Steve Barber asked if they reconcile monthly.

Kevin Taylor explained they implement change of status quarterly. The quarterly process allows the physicians to have a consistent income at a higher level.

Cheryl Shedd asked Mr. Taylor if they equate productivity with volume.

Kevin Taylor remarked this is a completely different way to look at productivity. The model is based on time and acuity instead of visits.

Jennie Wren Denmark asked how they handle indigent care.

Kevin Taylor stated indigent care is handled the same as any other patient visit.

Cheryl Shedd asked Mr. Taylor to explain the health system in Thomasville.

Kevin Taylor shared he is one of the managers of a six hospital system; five are outside of Thomasville and one in Thomasville. Three are Critical Access Hospitals (CAH), two are (Prospective Payment System) PPS, one psychiatric hospital and approximately 25 doctors offices and clinics in the network. The Archbold System is located in Southwest Georgia with hospitals in six counties.

Jennie Wren Denmark reported for the Migrant Sub-Committee and shared they have not met since the last SORH Advisory Board meeting. Ms. Denmark reported the Migrant Program received the Expanded Medical Capacity grant of \$173,000 for Lake Park. The New Access Point grant was submitted to start a new Migrant Health Clinic in Houston and Peach counties.

Governing Board, clinic and staff training was provided by the National Center for Farmworker Health, Inc. from Texas and held at the SORH, Cordele, Georgia, May 30 and 31. Two additional training sessions will be provided throughout the summer. This is very good training for board members and staff. It provides a great opportunity to learn about migrant health in general. Ms. Denmark asked Tony Brown to share financial information with the Board.

Tony Brown stated the Migrant program has been awarded \$2,421,000 for the year. It is hopeful funds for \$300,000 a year will be received for Houston and Peach counties.

Mr. Brown reported that a contractor has been hired to work on the database program for the migrant centers. The new database will increase the speed and efficiency of gathering the data components from all the sites, as well as, increase accuracy. He reported the summer projects for all the migrant sites are currently in session. This year Mary Kate Pung, Magnolia Coastlands, was funded to provide a summer project along with Jenny Wren Denmark, East Georgia Healthcare Center.

Jennie Wren Denmark shared they are hoping to be funded for an office in Candler County so that migrants will be able to receive day to day care locally. She reported the numbers being seen at the summer projects has been considerably higher this year as compared to last year. This is a positive improvement.

Charles Owens gave an updated overview of the SORH:

- Dorothy Bryant promoted to Health Professional Shortage Area (HPSA) Program Operations Specialist
- Cheryl Nelson hired as Administrative Operations Coordinator
- Tiffany Hardin will be coming soon as Migrant/Homeless Program Operations Specialist
- Georgia applicants were funded \$2,310,252 from \$125M HRSA Grants Awards to Expand Health Center Services
- The Area Health and Education Centers (AHEC) received an \$500,000
- FQHCs received \$1.5 million for 6 FQHCs and 1.25 million for Behavioral Health, of which Jenny Wren Denmark, East Georgia Healthcare receives a portion. Also received is \$750,000 to finish or further the HIT programs in the FQHCs.
- Migrant Expansion Grant for Echols County –Award is for \$173,000, \$150,000 to the site and \$23,000 will be used for technical assistance and administration. Expansion allows for the hours of service to be increased from 20 hours to 40 hours
- Migrant Grant received for \$2,248,086, increased \$48,000
- Primary Care Office grant continues at \$176,928; \$3K increase
- Small Rural Hospitals Improvement Program (SHIP) was submitted March 15 for \$486,000, for 54 hospitals at \$9K each.
- Expect the SORH grant the end of June. Anticipate \$150K

- FLEX grant is being drafted now. The grant has changed this year from a non-competitive continuation grant to a competitive one. The focus now is sustainability of the CAHs and networks. Need to look at ways to aggressively create proactive network projects.
- FLEX Health Information Technology (HIT) Project is to help CAH hospitals address HIT, but must also engage their tertiary hospitals. They want to see close relationships and sharing of information. The grant is for \$1,600,00.00. SORH is required to present the award to a community within 30 days after the notice of grant award. Primary target is, but not limited to, CAH hospitals. Communities will apply competitively. SORH will post a competitive process early July. The entity will be funded contingent upon SORH being funded. One grantee will be funded. It is required that the awardee have a Chief Information Officer with a centralized help desk.
- Submitted application for the New Access Point for a Migrant Center in Peach and Houston Counties with Public Health. Houston is one of Georgia's 19 Priority Counties based on the President's Second Health Center Initiative.
- Have not awarded the \$295,000 Network Grant but hope it will be announced soon. Posted another network grant with a thirty day turn around period.
- RFP for Rural Health Safety Net will be released within the week. Grantees Conference will be held by the end of month.
- \$295K Network Grant announcement is pending
- \$107K Network Grant closes Jun 12 – Award date of June 30th
- Dental Loan Repayment Program
 - Alan Arrington-Stewart and Harris Counties (Richland and Hamilton)
 - Leigh and Spencer-Fannin County (McCaysville)
 - Charles Collins-Greene County (Greensboro)
 - Nathan Dallas-Calhoun County (Arlington)
- J-1 Visa Waiver Program approved 7:
 - 102 Primary Care, 64 Dental, 13 Mental catchments serving 82 counties
 - Currently 70 are actively serving our underserved areas
- National Health Service Program (NHSC) has 58 practicing, 41 loan re-payers and 17 scholars

Kevin Taylor asked if the office has any J-1's pending. He commented that with 30 available slots, seven approved is a big drop in numbers. He asked what has caused the change.

Charles Owens replied that immigration has changed. The community's perception of J-1 physicians and the process has also changed. Organizations do not want to recruit J-1.

Tony Brown explained the H1A Program has caused a lot of the decrease. The H1A process is easier for the physician.

Kevin Taylor reiterated that when the physicians get here they have the option to participate in either program, the J-1 Visa or the H1A.

Rhett Partin explained that the J-1 program limits the physician's location to underserved areas. The H1A program is more bureaucratic with more paperwork and lots more hoops to jump through, but when they receive it, there are no restrictions to location.

Jennie Wren Denmark commented that she has several openings but has very few applicants.

Kevin Taylor asked if the H1A is a new program since there seems to be a big trend in switching over to it.

Charles Owens answered the program is not new, but there has been more stimulated interest toward that program.

Cindy Turner remarked she believes it is easier to get their green card in the H1A program. She shared she has had several physicians in the H1A program that received their green cards and then left.

Charles Owens said a lot of communities do not believe it is worth the hassle to work so hard to get the physicians here, pay their expenses, and then the physician terminates employment after three years.

Kevin Taylor asked if anything has legislatively changed with the J-1 or the H1A that has caused the switch in programs.

Tony Brown acknowledged that HHS is aware the switch is occurring and they are reviewing the situation. There will probably not be any change until the INS laws are changed.

Charles Owens commented on the change in J-1 policy that allows the state to have five slots outside an underserved area. Originally the policy was structured to require that the J-1 physician had to work in the zip code, in the census tract of an underserved area. Georgia has flexed the policy so that we may increase our numbers and add services to our state. They still must meet all other requirements and serve the underserved.

Hospital Services has solicited bids for the FLEX Grant Sustainability Project and Quality Assurance Project. The Quality Assurance Project was awarded to the Georgia Hospital Association and there will be another solicitation for the Sustainability Project. EMS will focus on a web-based training for paramedics and EMTs.

Mr. Owens shared that the Rural Health Plan has been in process for about eighteen months. The Rural Health Plan is a wonderful document and hopefully will be finalized by June 30.

Mr. Owens explained the Rural Health Safety Net Project received for FY08, \$1,350,000, to support the development of Rural Health Safety Net providers. This means that people come together at the community level, a minimum of 2 rural counties, and decide what their health system should look like, what they can sustain and what they can afford. The project is funded by the state appropriation of \$1,350,000 and the SORH will add \$150,000 to bring the total to \$1,500,000.

There will be a Grantee Conference in the next few weeks and the date will be announced soon. The Grantee Conference will be mandatory for anyone intending to apply. The Grant is structured simply so that a grant writer will not be necessary.

Cheryl Shedd asked if multiple awards will be given.

Charles Owens explained that multiple awards of \$300,000 to \$500,000 will be given, depending upon the scope of the project. These projects require facilitation, mediation and possibly the study of health care dollar flows. He further commented that the project has been in development for over a year. The project began with Abel Ortiz of the Governor's Office convening a group of stakeholders including the Department of Community Affairs, hospital associations, public health, mental health and others. It is important to inform the communities that healthcare is an economic driver. Healthcare entities are among the communities largest employers. Many of the communities who struggle with healthcare also struggle with economic development. The SORH needs to have results from the project by December so that the legislature may be approached for additional funds.

Mr. Owens asked several questions for the Board to give their input. He commented that the SORH would like to have input for the CAH HIT grant. He asked the following:

- Have each of you providers performed HIT Evaluations and crafted plans
- What do you anticipate to be the cost of implementing HIT and what makes up those costs
- Collaboration with other groups, Network Grants

- What can we do to attract applicants?

Cheryl Shedd stated they have hired a consulting group called Coker Consulting Group to help them implement a HIT program. They have purchased computers and are exploring software that will help them interface with the hospital. The consultants have recommended a software program with a strong electronic medical record program, as well as, a strong practice management component. They desire a system that is able to query information so they can extrapolate demographic data and data on patients with chronic diseases to show treatments and outcomes. The data acquired can be used to apply for grants and aid with quality assurance.

Charles Owens asked if she knew the cost of the system.

Cheryl Shedd replied they have been quoted approximately \$20,000 per provider. They have 3 providers at the present time.

Kevin Taylor shared that Archbold is presently upgrading their hospital information system to a system called Soarian. The new system will basically be an electronic medical record, computerized physician's order entry to include, treatment and procedures done in the hospital, nursing home, physician's office, dialysis, oncology, etc. The system will have one common data base and one common physician patient record to include all the points of entry. The project will take three to four years to implement all modules. The Soarian Software costs approximately \$10 million and the ten year project costs about \$30 million. He explained this is a major project that should result in greater efficiency and continuity.

Steve Barber explained they are headed in the same direction. He stated that most of the hospital components are complete. The next steps will be to connect the nursing home and the physician's offices. He shared he feels it is a good defensive move to have all primary care providers using the same health information system.

Jennie Wren Denmark shared that the local physicians are waiting for them to select the HIT program, and they will comply with their choice. Ms. Denmark said the connection will allow them to share training; i.e., business office training, etc. This is very important to small communities.

Charles Owens gave a final plea for help to get the word out about grant awards. He asked the Board for any pointers or suggestions.

Minutes of the March 7, 2007 meeting: The minutes of the March 7, 2007, SORH Advisory Board meeting were approved as submitted.

Kevin Taylor thanked the SORH office for being customer service oriented. He shared how nice it is to have the office pushing money out to the public as opposed to them having to search for it. He remarked how much he appreciates the good work coming out of the State Office of Rural Health.

There being no further business or public comments, the meeting adjourned at 12:50 p.m.

Respectfully,

Kevin Taylor, Chairman/Date

Sheryl McCoy, Recording Secretary/Date

Stuart Tedders, Secretary/Date